

192

CLAIMS ONLY							Application Number 10/730561		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1										
2		1									
3		1									
4		1									
5		1									
6		1									
7		1									
8		1									
9		1									
10		1									
11		1									
12		1									
13		1									
14		1									
15		1									
16		1									
17		1									
18		1									
19		1									
20		1									
21		1									
22		1									
23		1									
24		1									
25		1									
26		1									
27		1									
28		1									
29		1									
30		1									
31		2									
32		1									
33		1									
34	1	1									
35		1									
36		1									
37		2									
38		2									
39		2									
40	1	1									
41	1										
42		1									
43		1									
44		1									
45		1									
46		1									
47		1									
48		1									
49	1										
50		1									
51		1									
52		1									
53		1									
54		1									
55		1									
56		1									
57		1									
58		1									
59		1									
60		1									
61		1									
62		1									
63		1									
64	1										
65		1									
66		1									
67	1										
68		1									
69		1									
70		1									
71		1									
72		1									
73		1									
74		1									
75		1									
76	1										
77		1									
78		1									
79		1									
80		1									
81		1									
82		1									
83		1									
84		1									
85	1										
86		1									
87		1									
88		1									
89		1									
90		1									
91	1										
92		1									
93		1									
94	1										
95	1										
96		1									
97		1									
98		1									
99		1									
100		1									
Total Indep	14						Total Indep				
Total Depend	107						Total Depend				
Total Claims	121						Total Claims				

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						